

FORM A—To be used by a prisoner filing a complaint under the Civil Rights Act, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEBRASKA

Randy Andersen Sr.  
# 0401670

8:06 cv 305

FILED  
U.S. DISTRICT COURT  
DISTRICT OF NEBRASKA  
APR -5 PM 1:51  
OFFICE OF THE CLERK

(Enter above the full name of  
the plaintiff or plaintiffs  
in this action.)

v.

COMPLAINT

K. Kimpchi C405: Detention Supervisor  
Officer Gustafson E. # 1394  
Omaha Police Department  
Thomas Warren - Chief of Police

(Enter above the full name of  
the defendant or defendants  
in this action, if known.)

(Note: If there is more than one plaintiff, a separate sheet should be attached giving the information in Parts I, II, and III for each plaintiff, by name. Remember, all plaintiffs must sign the complaint.)

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U.S. DISTRICT COURT  
OMAHA

- I. A. Place of Present Confinement Omaha Police Headquarters  
B. Parties to this civil action:

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff Randy Andersen Sr. Registr. No. 0401670  
Address 710 S. 17<sup>th</sup> St.  
Omaha, NE 68102

Additional plaintiff's Registr. No. and address:

N/A

(2) Defendant's Thomas Warner; E. Gustafson #1994  
and is employed at Omaha Police Department

K. Kimpeli #2405

Additional defendant's employment: \_\_\_\_\_

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ✓

- (1) Title: \_\_\_\_\_  
(Plaintiff) (v.) (Defendant)
- (2) Date filed \_\_\_\_\_
- (3) Court where filed \_\_\_\_\_  
(specify if the court was state or federal and the level of the court)
- (4) Court number and citation \_\_\_\_\_
- (5) Name of judge to whom the case was assigned \_\_\_\_\_
- (6) Basic claim made \_\_\_\_\_

- (7) Date of disposition \_\_\_\_\_
- (8) Disposition \_\_\_\_\_  
(pending) (on appeal) (resolved)
- (9) If decided by the court, state whether for plaintiff or defendant \_\_\_\_\_
- (10) Approximate date of filing \_\_\_\_\_
- (11) Approximate date of judgment \_\_\_\_\_

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes \_\_\_ No \_\_\_

### III. Grievance Procedure

A. Does your institution have an administrative or grievance procedure? Yes X No \_\_\_ *Other*

B. Did you present the facts relating to your complaint through the administrative or grievance procedure? Yes X No \_\_\_

C. What was the result? Filed complaint with Internal Affairs, awaiting decision on complaint!

D. If you did not file a grievance, state the reasons \_\_\_\_\_

E. Please attach any responses as exhibits to this complaint. Will send to the court when Plaintiff receives them

F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities? Yes X No \_\_\_

Internal Affairs w/ the Omaha Police Department!

G. If your answer to F is yes,

A. What steps did you take and what was the result?

Complaint to internal affairs no response yet.

IV. Jurisdiction

A. Is this complaint brought for a violation of your federal constitutional rights by a person employed by the state, county, or municipal government or acting with such government officials? Yes ☒ No ☐

If "yes," please state the agency the official(s) is/are employed by or why you believe the defendant(s) was/were acting in conjunction with government officials: \_\_\_\_\_

I feel these defendants work for the  
city of Omaha, for the police department

B. Is this complaint brought for a violation of state or local law? Yes ☐ No ☒

If so, please specify (without alleging any supporting facts) the state law(s) you believe was/were violated \_\_\_\_\_

Is/are the defendant(s) residents of the same state as you? Yes ☒ No ☐

If not, specify what state \_\_\_\_\_

## V. Statement of Claim:

(State here as briefly as possible the **FACTS** of your case. You must state exactly what each defendant personally did, or failed to do, that resulted in harm to you, and describe the harm. Include the names of other persons involved (for example, other inmates), dates, and places of all events. If you allege related claims, number and set forth each claim in a separate paragraph. Attach an extra sheet, if necessary. Unrelated claims should be raised in a separate civil action. Do not give legal arguments or cite cases or statutes except in Part B below.

A. On Dec 10, 2005 thru Dec 13, 2005 I  
was a prisoner at the Omaha Police depart.  
I was denied medical help by the officers  
in direct charge of my care. This refusal left  
me in a position which could have cause me  
to bleed to death internally. Once I was released  
to the custody of the Douglas County Correctional  
center I was taken to the hospital and treated  
for internal bleeding after I fell out in out  
of the jail (County) mads.

My stool was full of blood. I was  
coughing up blood while in the custody of the  
Omaha Police department. These conditions were  
known by the Omaha police and still I was  
refused medical assistance. The only help  
medical I received was for external bleeding  
problems. I was told to lay down and  
shut-up. Several times!

Further more I was denied the plan  
as not to be able to contact outside sources  
for medical help.

There are a lot of supporting paper  
work forth coming and I'll supply  
them to the court at which time I  
receive them.

B. State briefly your legal theory or cite appropriate authority: \_\_\_\_\_

I believe my 8th Amendment right to be free from cruel and unusual punishment was completely violated by Omaha Police Dept.

VI. Relief

A. Do you request money damages? Yes ☒ No ☐

If so,

1. Did you lose any money from this incident?  
Yes ☐ No ☒ If so, how much? \_\_\_\_\_

2. Did you receive a physical injury? Yes ☒ No ☐

3. What other harm did you experience from this incident? \_\_\_\_\_

The mental anguish that I might bleed to death and couldn't get any police to help me!

4. State the amount of damages claimed 1,000,000 ~~one million~~  
1 million dollars

B. Do you request a jury trial? Yes ☒ No ☐

C. State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want to be compensated for mental and physical pain and suffering.  
1 million dollars.

VII. Request for Appointment of Counsel

A. Do you want an attorney to represent you in presenting your claim to the court? Yes ☒ No ☐

B. ☒ Did someone help you in preparing this complaint?  
Yes ☒ No ☐ If so, state the person's name (optional)

\_\_\_\_\_  
\_\_\_\_\_

C. Have you made any efforts to contact a private lawyer to determine if he or she would represent you in this action? Yes ☐ No ☒

If so, state the name(s) and address(es) of each lawyer contacted \_\_\_\_\_

No attorney is willing to talk over the phone!

If not, state your reasons \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: This court has no funds with which to pay an attorney for handling this type of case. Because of this, appointments are made only in cases where an attorney is greatly needed and the attorney is willing to take the case without expecting to receive any fee.)

**I declare under penalty of perjury that the forgoing is true and correct.**

Signed this 2<sup>nd</sup> day of April, 2006.

Randy Anderson Sr.  
# 0401670

(Signature(s) of Plaintiff(s))





## OMAHA POLICE DEPARTMENT

Detainee Request for Medical  
Assistance Questionnaire



ORIGINAL

Day/Date Time: 1915 SA 10 Dec 05 RB#: F73899Arrest Number: K10503 Data #: 0401670Name: ANDERSEN, RANDYAddress: 1526 N 17 StCharge: MANSLAUGHTER, asslt-2nd, 2x use of weaponNature of Illness: staples pulled out of abdomen

## Medications Currently Prescribed:

None

## Location of Medications: (If Not With Detainee):

1. Who has them? None
2. What is their address? \_\_\_\_\_
3. What is their phone #? \_\_\_\_\_

## Current attending Physician:

1. Name: unknown
2. Phone #: \_\_\_\_\_

Last Dosage Taken? None

Next Scheduled Dosage: \_\_\_\_\_

Insurance Coverage: ProgressiveIf no insurance, Other Benefits: \_\_\_\_\_  
(Example: V.A., Medicaid, Medicare, etc.)

## Arresting Agency:

☐ D.C.S. ☐ N.S.P. ☐ F.B.I. ☐ I.N.S. ☐ U.S. Marshall ☐ Sec. Serv. ☒ O.P.D.
☐ Others: \_\_\_\_\_Request for Medical Attention: \_\_\_\_\_ Approved ☒ Denied

## Reason:

Party was being treated at aume since 26 Nov 05 for  
injuries he sustained in a car accident. Party walked  
away from the hospital against medical advice. AN about

Detention Supervisor K. K. K. 0405

Serial # \_\_\_\_\_

the 7<sup>th</sup> or 8<sup>th</sup> of December AND has eluded police until he was arrested last night.

According to Ofc. Gustafson, E. #1394 (from the traffic office) Andersen was not expected to be released from Cume until after Xmas but walked out against medical advice. Gustafson states that Andersen is considered a flight risk.

Medical attention given in form of disinfecting & bandaging wound. Party refused aspirin for pain.

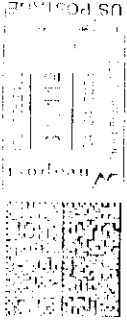
No transport to the hospital.

12-12-05

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OMAHA



Clerk of the Court

United States Courthouse

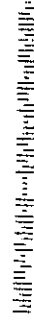
111 S. 18th PLAZA, Suite 1152

Omaha, Ne 68102-1322

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716 S. 17th St.  
Omaha, Ne